

PARALEGAL SPECIALIST
DESIGNATED OFFICE
305-8483

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-675)							SERIAL NO. 10/030676	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2			1				52				
3							53				
4							54				
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46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			1		2		TOTAL IND.				
TOTAL DEP.			3		2		TOTAL DEP.				
SPECIAL			4		4		SPECIAL				

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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